WOUND-RELATED PAIN AT DRESSING CHANGE
ASSESSMENT TOOL

Patient name______________________________ Patient ID# ______________ DOB _____________ Date ____________

Wound type: 1) __________________________ 2) ___________________________ 3) _____________________________

1. Indicate location of above listed wound(s) by numbering the site on the body images below.

FRONT

BACK

R L

Lateral

R L

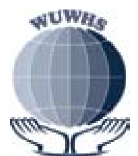
Medial

R L

2. Do you experience pain or discomfort related to your wound(s)?

☐ Yes ☐ No If yes, complete the questions on the next page.

Clinical signature ____



This pain assessment tool has been adapted by the International Pain Advisory Panel[1]

[1] Helen Hollinworth 2005. Pain at wound dressing-related procedures: a template for assessment. www.worldwidewounds.com

US-PAT1-02.09

WOUND-RELATED PAIN AT DRESSING CHANGE ASSESSMENT TOOL

Patient name__________________________Date________________ Clinician signature ___________________________

3. When do you experience wound-related pain? (May mark more than one box if applicable)

- ☐ Pain at rest (Background)
- ☐ During day
- ☐ During night
- ☐ Pain during day-to-day activities (Incident)
- ☐ Pain during dressing change (Procedural)
- ☐ Pain during biopsy/debridement (Operative)
- ☐ Pain after dressing change

4. Does the pain go/radiate anywhere? (May mark more than one box if applicable)

- ☐ In the wound
- ☐ In the area surrounding the wound (skin)

If yes where does it go? ____

5. What words would you use to describe your pain? (May mark more than one box if applicable)

- ☐ Gnawing
- ☐ Aching
- ☐ Throbbing
- ☐ Tender
- ☐ Sharp
- ☐ Crawling
- ☐ Burning
- ☐ Stinging
- ☐ Shooting
- ☐ Stabbing
- ☐ Tingling
- ☐ Other*

*Give details: ____

6. At dressing change, what makes the wound-related pain worse (triggers)? (May mark more than one box)

- ☐ Removing dressing
- ☐ Applying dressing
- ☐ Some dressing types*
- ☐ Cleansing
- ☐ Touch
- ☐ Other*

*Give details: ____

7. At dressing change, what makes the wound-related pain better (relievers)? (May mark more than one box)

- ☐ Removing dressing myself
- ☐ Time-outs or brief rests
- ☐ Certain types of dressings*
- ☐ Warm cleansing solutions
- ☐ Pain-relieving medication
- ☐ Other*

*Give details: ____

8. Have you been prescribed or are you currently taking pain-relieving medications (tablets, injections, topical applications, patches) for your wound-related pain?

- ☐ Yes
- ☐ No

If yes, list name/dose and when last taken/applied/used:____________________________

____

9. Are any of the following activities negatively affected because of the wound-related pain you experience?

- ☐ Sleeping
- ☐ Activities of daily living
- ☐ Other*
- ☐ Leisure activities
- ☐ Sport or exercise

*Give details: ____

10. If the wound-related pain was reduced, which activity would you look forward to the most?

____

US-PAT2-02.09

WOUND-RELATED PAIN AT DRESSING CHANGE
MONITORING & EVALUATION TOOL

Patient name______________________________ Patient ID# ______________ DOB ____________ Date ___________

WUWHS

Date each dressing change and plot wound-related pain score on the graph below. Record, monitor and evaluate interventions initiated to minimize wound-related pain at each dressing-related procedure.

WOUND-RELATED PAIN SCORE

		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Before (0 = no pain, 10 = worst possible pain)	10															
	9															
	8															
	7															
	6															
	5															
	4															
	3															
	2															
	1															
	0															
During (0 = no pain, 10 = worst possible pain)	10															
	9															
	8															
	7															
	6															
	5															
	4															
	3															
	2															
	1															
	0															
After (0 = no pain, 10 = worst possible pain)	10															
	9															
	8															
	7															
	6															
	5															
	4															
	3															
	2															
	1															
	0															
Intervention (to minimise wound-related pain)																
Initials																

Once an appropriate pain scale tool is selected (self reporting or observational), continue to use the same tool at each assessment.

H25450805 - 02.09